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CHICAGO, IL 60606 7/31/2007 EAYALEW2 00000061 132855 10719449	<u>.:</u>	Scott F. Baxendale (Depositor's name				
FC:1501 1400.00 DA			Scott & Bay clack			(Signature)
FC:1504 300.00 DA		L	07/26/6	>7'		(Date)
APPLICATION NO. FILING DATE	FIRS	T NAMED INVENTO)R	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/719,449 11/21/2003 ITLE OF INVENTION: TEMPORARY WINDOW COVE		Alejandro Rossato		29498	/38927A .	3037
APPLN. TYPE SMALL ENTITY ISSUE	FEE DUE PUI	BLICATION FEE DU	E PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional NO \$	1400	\$300	\$0		\$1700	07/27/2007
EXAMINER AR	TUNIT	CLASS-SUBCLASS	7			
JOHNSON, BLAIR M	634	160-084040				
Change of correspondence address or indication of "Fee AFR 1.363). Change of correspondence address (or Change of Con Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication PTO/SB/47; Rev 03-02 or more recent) attached. Use of Number is required.	espondence (()	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Marshall, Gerstein & Gers				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Newell Window Furnishings, Inc. Freeport, Illinois						
lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual . 🗓 Corporation or other private group entity						
a. The following fee(s) are submitted: Issue Fee Image: Submitted Issue Fee Image: Submitted Issue Fee Image: Submitted Image: Subm		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number13-2855_ (enclose an extra copy of this form).				
Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 (onger claiming SMAL			
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